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*Published in:*
Communicatio; South African Journal for Communication Theory and Research

*DOI:*
10.1080/02500167.2011.589394

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*Document Version*
Publisher's PDF, also known as Version of record

*Publication date:*
2011

Link to publication in University of Groningen/UMCG research database

*Citation for published version (APA):*
Lubinga, E., & Jansen, C. (2011). "No 'til we know" fela ba a tseba naa? On using African languages to communicate HIV and AIDS to young South Africans. Communicatio; South African Journal for Communication Theory and Research, 37(3), 466 - 481. https://doi.org/10.1080/02500167.2011.589394

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Communicatio
Publication details, including instructions for authors and subscription information:
http://www.tandfonline.com/loi/rcsa20

# 'No 'til we know.' *Fela ba a tseba naa*? Using African languages to communicate about HIV and AIDS to young South Africans

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Available online: 21 Dec 2011

To cite this article: Elizabeth Lubinga & Carel Jansen (2011): 'No 'til we know.' *Fela ba a tseba naa*? Using African languages to communicate about HIV and AIDS to young South Africans, Communicatio, 37:3, 466-481

To link to this article: http://dx.doi.org/10.1080/02500167.2011.589394

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UNISA university of south africa PRESS
Routledge Taylor & Francis Group

COMMUNICATIO Volume 37 (3) 2011 pp. 466–481
Copyright: Unisa Press
ISSN 0250-0167/ONLINE 1753-5379
DOI: 10.1080/02500167.2011.589394

# 'No 'til we know.' *Fela ba a tseba nad*?[1] Using African languages to communicate about HIV and AIDS to young South Africans

**Elizabeth Lubinga and Carel Jansen**

## Abstract

An experiment was conducted in order to determine the extent to which the presentation of HIV and AIDS messages in different languages would affect the appreciation and comprehension of these messages among young South Africans. Interviews were carried out with 60 learners in rural and peri-rural schools in Limpopo Province. Four messages (on posters or in radio advertisements), were presented in three languages. The interviews focused on appreciation (to what extent do the participants like the messages?), perceived comprehension (to what extent do the participants think that they understand the message?), and actual comprehension (to what extent do the participants really understand the message?). The language of presentation did not prove to have any influence on appreciation, perceived comprehension or actual comprehension. A considerable gap was found between perceived comprehension and actual comprehension; participants overestimated their level of understanding. Significant correlations were found between perceived comprehension and appreciation, indicating that the better members of this target group think they understand HIV and AIDS messages, the more they like them.

**Key words:** actual comprehension, African languages, appreciation, HIV and AIDS, language choice, perceived comprehension, posters, radio advertisements

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## INTRODUCTION

Effective communication is crucial to the fight against HIV and AIDS. People who are well informed about the epidemic are better able to assess the threat posed by the virus and how to avoid infection, or, if they are HIV positive, how to look after themselves and their partners and families (UNAIDS 2005). Some studies argue that the South African youth, one of the most at-risk populations, have a good general knowledge about HIV and AIDS (cf. Harrison & Steinberg 2002; Pettifor et al. 2004; Zisser & Francis 2006). However, a large-scale survey carried out in 2008 by the South African Human Sciences Research Council (HSRC) revealed that South Africans of all ages still have low levels of accurate knowledge about HIV and AIDS, and that 15–24-year-old females have the least accurate knowledge about HIV and AIDS (Shisana et al. 2009: 51, 68). A comparison of the results of a fairly simple knowledge test used in the 2008 HSRC survey, with the results of the same test used in 2005, shows that there were significant decreases in accurate knowledge about HIV transmission among all age groups, from 64.4 to 44.4 per cent.[2] Limpopo Province in particular, which had the highest national percentage of correct knowledge at 69.9 in 2005, declined to the lowest percentage of 22.3 in the 2008 survey (ibid: 53).

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## LANGUAGE CHOICE IN HIV AND AIDS MESSAGES FOR YOUNG SOUTH AFRICANS

In South Africa, health promotion organisations are increasingly making materials available in first languages to first-language speakers. Soul City South Africa, for instance, produced radio drama series in nine languages and printed booklets based on the television drama in all 11 official languages (Goldstein, Perlman & Smith 2008: 72). In addition, under the Khomanani Campaign and others, print materials have been produced by the South African National Department of Health in different languages. In its 2006 HIV-Face it campaign, South African health promotion organisation loveLife for the first time produced materials not only in English but also in African languages, ostensibly in a bid to reach at least 80 per cent of the target group. The organisation did not give a direct explanation for what had motivated it to introduce messages in African languages in 2006, given that it had been producing English-only HIV and AIDS messages targeted at the youth for seven years. The move appears to have been motivated by the need to reach as many youths as possible, in all the official languages: 'If we do not reach enough young people, we are unlikely to have enough impact' (Harrison, in loveLife 2006: 3).

This multilingual approach is not without support in the literature. Various authors have advocated giving language and culture a central role in health communication, especially in multicultural and multilingual countries such as South Africa. Airhihenbuwa and Webster (2004: 5) argue that centralising issues of language and culture in health behaviour intervention is crucial to health promotion and disease prevention.

Presenting messages to target groups in their mother tongue is often regarded as part of the answer to the question of how to achieve accurate knowledge dissemination and ultimately behaviour change in the sub-Saharan region. Kruger (2008: 4) argues that in a multilingual country such as South Africa, the most effective way in which to get health messages across is by means of translating English messages into mother-tongue messages, so that the public can access this information in their own languages over the radio, on television and in the print media. In 2008, the Director-General of UNESCO stated that

> communication based on vernacular languages [is] essential to achieving Millennium Development Goal (MDG) 2, namely, universal primary education, and efficiently preventing HIV and AIDS, malaria and other diseases, which is the aim of MDG 6 but which can only be effective if health programmes are delivered in languages understood by the learners.

In an article on language and HIV and AIDS education in Malawi, Bwanali puts it even more strongly:

> The use of local languages in educating people about HIV and AIDS is seen as the most appropriate and effective way of reaching out to the masses. This allows speakers of each language group to engage in meaningful debate and discussions about HIV and AIDS without language-related limitations. It is in fact their birthright to access information in their own language. (2008: 66)

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The common assumption seems to be that once the messages are presented in African languages, even when they are literally translated from English into African languages, they will be better understood by target groups with an African mother tongue. But health communication targeted at multicultural audiences, as is the case in South Africa, has to take into account embedded cultural factors as well. Therefore, presenting linguistically and presumably culturally adapted health messages in Africa is not without its challenges. The loveLife experience is a case in point. In 2006, the organisation produced a billboard with this message in English: *HIV loves unplanned teen pregnancy*, with translated similar messages appearing in African languages on billboards. On the Sepedi language billboard, the following message was displayed: *HIV loves pelegi go supa bosadi*, which when literally translated may mean *HIV loves the expectation that child-bearing proves womanhood* or *HIV loves giving birth to prove womanhood*. The billboard was removed from all the sites where it had been placed as an advertisement, because critics mounted a campaign against the organisation on the grounds that the billboard had the potential to stigmatise pregnancy. In defence of the decision, loveLife argued that the message stemmed from information showing that HIV/AIDS rates among 15–19-year-old pregnant women were twice as high as their contemporaries who were not pregnant (loveLife 2006: 11). The billboard in English was replaced with another in which the text was changed into the rather puzzling statement: *Face it. Teen pregnancy increases risk of HIV*. The billboard in Sepedi was never replaced. Head of radio at loveLife, Lettie Dube, acknowledges that translating the messages into African languages caused challenges in terms of the cultural acceptance and interpretation of the connotative meaning of the messages, in direct reference to this experience (Dube 2009).

The covert challenge to health message producers lies in the semantics of most African languages which lend themselves to ambiguity, with words that could be translated into multiple meanings. In considering ambiguity in African languages, Chokoe (2000) argues, we are not just asking 'what' the words mean, but also 'how' they mean. Words and their meanings are not as fixed as is often displayed in dictionaries, because apart from cognitive meaning, there are also cultural meanings which are not revealed in lexical definitions (Quynh 2006). This fact appears to be often overlooked by the producers of health messages. In a study carried out among Xhosa first-language speakers, Cain et al. (2010) examined language choice in terms of vocabulary used in health communication. The authors note that one of the terms most popularly used in sex education programmes, *ukulalana* [sleeping with or having sex with someone], was less preferred than *ukuphana* [to give oneself], because *ukulalana* did not have the same culturally positive connotation. Quynh (2006: 5) warns that health workers should not assume that a fluent translation of written and spoken health texts from English to other languages automatically leads to perfect understanding. Miscommunication can be caused by the use of euphemisms and metaphors, and by a more general textual ambiguity that occurs when the whole text is constructed in such a way that there are different underlying meanings, resulting in a variety of possible interpretations. Indeed, the literature abounds with authors discussing the metaphoric language campaign developers use in a bid to communicate culturally acceptable, often ambiguous, messages that avoid any direct mention of sexually 'taboo' terms. The underlying idea is that black African cultures are conservative and hesitate to use direct

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sexual terms, rather opting for euphemisms (Baxen & Breidlid 2009; Cain 2007; Carstens, Maes & Gangla-Birir 2006; Kamwendo 2008; Kruger 2008: 13).

How, then, do South African youths perceive the use of their first languages in the public domain? Most of the studies available on language perceptions in South Africa have been done in the field of education. In a study carried out among 2 825 Xhosa first-language high-school learners, Barkhuizen (2002) tested for comprehension and appreciation of English and Xhosa, and found a preference for English over Xhosa as language of learning and teaching. Verhoef (1998) states that current attitudes towards and perceptions of multilingualism in South Africa are still influenced by the past, in that South African youths view their mother tongues as part of their culture, while English is preferred as having higher functional value. Verhoef conducted a study among black teenagers in which it emerged that these youths perceived indigenous languages as vehicles for cultural inheritance, while English was more favourably viewed as having higher functional value. This view is supported by more recent studies which found that the youth still view their languages as inextricably linked to their culture, from which they derive a strong sense of self and identity, while English is perceived as an instrumental language (Ndlangamandla 2010; Rudwick 2004 and 2008).

One of the few studies on language perceptions in Africa in the field of health education was performed by Saal (2008 and 2009). In this study on the persuasive effects of teenage slang in English, Afrikaans and Sepedi used in print-based HIV messages, situational norms were found to play an important role in the appreciation of formal and less formal language varieties in each of the languages. For persuasive messages of a serious nature, for instance on HIV and AIDS, the standard variety of Sepedi was more favourably perceived by the target group (young mother-tongue speakers of Sepedi) than teenager slang varieties in that same language or in English. According to the author it is an open question what language variety would be preferred in topics of a less serious nature (Saal 2009: 187). It is also not yet clear if, for serious messages, the standard variety of English would be appreciated more than the standard variety of African languages. The experimental design of this study did not allow for conclusions in this respect. The present study seeks to answer this research question, among others:

RQ1

> Do young South African learners with an African language as their mother tongue *appreciate* HIV and AIDS messages more when these messages are presented in their mother tongue than when they are presented in English?

In two recent studies into the effects of HIV and AIDS messages in young target groups in Limpopo, a relation was found between appreciation for these messages and perceived comprehension (the extent to which the receivers *thought* they understood the messages). Lubinga et al. (2010) found that among high school learners in Polokwane, *appreciation* for HIV and AIDS posters and radio advertisements positively and significantly correlated with *perceived comprehension*. A similar

outcome was reported in Jansen and Janssen (2010), who found that among young students at the University of Limpopo *appreciation* for loveLife posters from the 2006 loveLife *HIV-Face it* campaign, positively and significantly correlated with *perceived comprehension*. In both studies *actual comprehension* (the extent to which the receivers *actually* appeared to understand the messages) did not prove to be related to either *perceived comprehension* or *appreciation*. Furthermore, in both studies, a remarkable gap was found between *actual* comprehension and *perceived* comprehension: participants often clearly overestimated their level of understanding. Both in Lubinga et al. (2010) and in Jansen and Janssen (2010) all messages were presented in English, the second or even third language of the participants. From both studies, it remains unclear to what extent the researchers' conclusions about message appreciation, in relation to perceived and actual comprehension, would also apply when the messages are presented in the mother tongue of the receivers. This leads to the following research questions:

RQ2

> Do young South African learners with an African language as their mother tongue *think that they understand* HIV and AIDS messages better when these messages are presented in their mother tongue than when they are presented in English?

RQ3

> Do young South African learners with an African language as their mother tongue *actually understand* HIV and AIDS messages better when these messages are presented in their mother tongue than when they are presented in English?

RQ4

> What relations exist between the learners' *appreciation*, their *perceived comprehension* and their *actual comprehension* of HIV and AIDS messages?

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## METHOD

### Materials

Twenty-four messages were used in total: four posters (in three versions: English, Sepedi and Tshivenda) and four radio advertisements (also in three versions: English, Sepedi and Tshivenda), all from the 2006 loveLife *HIV-Face it* campaign. The posters and the radio advertisements were similar in terms of the theme and the content of the messages; the same slogans were used: (1) You can't pressure me into sex; (2) If it's not just me, you're not for me; (3) No 'til we know; (4) Prove your love, protect me. Literal texts of the English versions of the posters and the radio advertisements can be found in Appendix 1. The radio advertisements, in all three languages, can be found at www.hacalara.org/Project.html. The posters versions that were used appear as Figures

1, 2, 3 and 4. The posters that were made available by loveLife were only in English; the Sepedi and Tshivenda versions used in the experiment were recreated by the first author of this article, with assistance from mother-tongue speakers and specialists in both languages.[3] In adhering to existing conventions in billboards used in campaigns from loveLife and many other health promotion organisations, the verbal elements were combined with visual elements in all the posters. The verbal elements evidently differed for the three languages, while the visual elements did not.

The learners were informed before the experiment (and were constantly reminded during the experiment) to focus on the content of the message and not the visuals used on the posters or the gender of the voice used in the radio advertisements.


**Figure 1: Message 1 in English, Sepedi and Tshivenda**


**Figure 2: Message 2 in English, Sepedi and Tshivenda**


**Figure 3: Message 3 in English, Sepedi and Tshivenda**

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**Figure 4: Message 4 in English, Sepedi and Tshivenda**

## Participants

In total, 60 learners were randomly selected from four different rural and peri-rural schools from the Vhembe and Capricorn Districts of Limpopo Province. All participants belonged to the target age group of the loveLife messages; they were 13–17-year-olds. There were 27 males and 33 females involved in the experiment. All participants were Grade 8 to Grade 11 learners. Thirteen learners were selected from Liivha High School, 16 from Khwevha Commercial School, 15 from Mafolofolo High School, and 16 from Ramashobohle High School. The first three schools all have a student population of over 1 000 learners, with over 500 learners in the last school. Thirty learners were Tshivenda mother-tongue speakers; 30 others spoke Sepedi as their mother tongue.

## Instrumentation

The first section of the interview schedule consisted of eight closed-ended questions about personal information. The next sections included a combination of closed and open-ended questions relating to appreciation of the messages, perceived comprehension, and actual comprehension. *Perceived comprehension* and *appreciation* were measured using the following questions: 'How easy is it for you to understand this poster/radio advertisement?' and 'How much do you like this poster/radio advertisement?' respectively. These questions were presented with four-point scales to measure the levels or intensity of the responses. The answer categories ranged from 'very easy to understand' (score 4), 'a bit easy to understand' (score 3), 'not really easy to understand' (score 2) to 'not easy to understand at all' (score 1), to measure the levels of perceived comprehension, and from 'like it a lot' (score 4) to 'do not like it at all' (score 1) to measure the intensity of appreciation. In order to assess the *actual comprehension* of the messages, the participants were asked the following open-ended question, allowing for unlimited expression: 'Can you explain the most important message that this poster/radio advertisement is trying to give to you?'

In order to take into account the possible effects of congruency between the languages used in the HIV and AIDS messages and the language used in the interview in the statistical analyses, it was decided to interview one group of participants in English (N=28) and another group in their mother tongue (N= 32; Sepedi: 16, Tshivenda: 16). For this reason the interview schedule that was

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developed in English, was translated into Tshivenda and Sepedi by expert mother-tongue speakers of each of these African languages respectively.

## Design

The study was based primarily on quantitative data, while qualitative data played a supportive, secondary role (cf. Creswell & Plano Clark 2007). A mixed *between* and *within subjects* experimental design was employed. Participants in one group (N= 28) were asked to look at four loveLife posters – two posters in their mother tongue and two posters in English. Participants in the other group (N=32) were asked to listen to four loveLife radio advertisements (two radio advertisements in their mother tongue and two in English) that were related to the four posters. As discussed above, 28 participants were interviewed in English, 16 in Sepedi and 16 in Tshivenda. The participants were randomly selected for all groups (posters or radio advertisements; interviews in English or in the mother tongue).[4] For the resulting experimental design, see Table 1.

**Table 1: Experimental design**

| **Language of the interview** | **Message language** | | |
|---|---|---|---|
| | Billboards | Radio advertisements | Total |
| **English** | Two in Tshivenda and two in English: N=7 | Two in Tshivenda and two in English: N=7 | N=14 |
| **English** | Two in Sepedi and two in English: N=6 | Two in Sepedi and two in English: N=8 | N=14 |
| **Sepedi** | Two in Sepedi and two in English: N=8 | Two in Sepedi and two in English: N=8 | N=16 |
| **Tshivenda** | Two in Tshivenda and two in English: N=7 | Two in Tshivenda and two in English: N=9 | N=16 |
| **Total** | N=28 | N=32 | N=60 |

The languages and the order in which the messages were presented differed systematically. Some participants were first presented with message 1 in English, then with message 2 in their mother tongue, then with message 3 in English and finally with message 4 in their mother tongue. For others, the first message was message 2 in their mother tongue, followed by message 3 in English, then message 4 in their mother tongue and finally message 1 in English, etcetera.

## Data collection

Permission was obtained from the Limpopo Province Department of Education to conduct the study. The permission was granted on condition that, among others, learning time would not be disrupted, interviews would not take place during the last term of the academic year, and circuit

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managers would be informed. The school principals who were approached had to give permission for interviews to be conducted in their schools. In three of the schools, the principals delegated the Heads of Department of Life Orientation to randomly select learners on the basis of their availability, and these learners were given consent forms to take to their parents or guardians for signing.

The main researcher and first author of this article, who is a mother-tongue speaker of neither Tshivenda nor Sepedi, worked together with research assistants who were mother-tongue Tshivenda or Sepedi speakers, to conduct the interviews. The main researcher conducted the interviews in English, while the research assistants conducted the interviews in their mother tongue. The research assistants were briefed ahead of the interviews about what the main researcher expected of them. In addition to the previous briefing, at the interview venue the main researcher conducted initial interviews in English with two learners, while the research assistants observed, before they could conduct the interviews in the respondents' mother tongues.

The learners were taken to a quiet venue where the main researcher and research assistants gave them oral instructions in English, Sepedi or Tshivenda, guided by an English, Sepedi or Tshivenda interview schedule. The interview started with introductions on the part of the researcher and research assistants, and a summary of the context of the study. The learners were then presented with the materials – either four posters or four radio advertisements. The group of learners who were presented with radio advertisements were also presented with the written text of the messages, which they were encouraged to follow while they listened to the audio radio advertisement. This was done to ensure that the learners would pay full attention to the message they were presented with. The interviews were audio recorded, in addition to note taking being done by the main researcher and the research assistants.

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## Data analysis

The recordings of the interviews were all transcribed verbatim. The Tshivenda and Sepedi interview recordings were translated into English to facilitate the analysis of the data. The Tshivenda interview recordings were translated into English by a third-year University of Limpopo mother-tongue Tshivenda-speaking student, majoring in translation, and the translations were then verified by another mother-tongue Tshivenda-speaking student. The Sepedi interview recordings were translated into English by a third-year mother-tongue Sepedi-speaking student majoring in Sepedi and translation, and the translations were subsequently verified by two students who had Sepedi as their mother tongue.

The scores for *actual comprehension* were determined by comparing the learners' answers to the core ingredients of the original messages. These core ingredients had been identified by the main researcher and had subsequently been qualified by loveLife as proper reflections of the meanings intended by the organisation (correspondence with Botha Swart, National Communications Manager of loveLife) (see Appendix 1).

The interpretations were evaluated by three raters, namely the main researcher and two colleagues with expertise in research into the effects of HIV and AIDS messages. Scores of each rater for the interpretation of each poster or radio advertisement ranged from 2 for a correct answer, 1 for a partially correct answer, to 0 for an incorrect answer, for an unanswered question or for an answer that was no more than a literal repetition of (a part of) the message. The interrater-reliability scores proved to be good: Cohen's kappa for the scores of two raters was never below .86. Only in 6.6 per cent of the cases did the three raters not fully agree on the score for a participant's interpretation of a poster or radio advertisement, and there were no cases of all three scores for a participant's interpretation of a message being different.

Analyses of variance (repeated measures) were carried out with message language (African language or English) as within-subjects factor, and mother tongue (Tshivenda, Sepedi or English), interview language (African language or English) and medium (poster or radio advertisement) as between-subject factors.

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## RESULTS

No main effects were found of *message language* on *appreciation,* on *perceived comprehension* or on *actual comprehension* (RQ1, RQ2, and RQ3, respectively); see Table 2 for the scores for messages presented in English and for messages presented in the participants' mother tongue.

**Table 2: Effects of language used in loveLife messages on appreciation (min 1; max 4), perceived comprehension (min 1; max 4) and actual comprehension (min 0; max 2)**

| | Messages presented in English | Messages presented in mother tongue | Effect of message language |
|---|---|---|---|
| **Appreciation** | M=3.21(SD=0.68) | M=3.15(SD=0.77) | F(1)<1; p=.64 |
| **Perceived comprehension** | M=3.37(SD=0.72) | M=3.22(SD=0.74) | F(1)=1.88; p=.18 |
| **Actual comprehension** | M=0.55(SD=0.49) | M=0.51(SD=0.51) | F(1)<1; p=.85 |

As Table 2 shows, *actual comprehension* on average was low, while standard deviations were high. On a scale from 0 to 2, the mean score was 0.55 for messages in English and 0.51 for messages in the participants' mother tongue. This quantitative result is reflected in a qualitative analysis of the utterances of the participants. For example, when asked to explain the meaning of the message, 'You can't pressure me into sex,' one learner who was presented with the Sepedi version of the message, *O ka nkgapeletše go tsenela tša thobalano*, interpreted the message as follows: '*It means if you do not sleep with someone, then you do not love that person*'. Another participant said: '*It tries to give us [tell us that] we must not make [engage in sexual relations], we must be faithful.*' A Tshivenda-speaking learner, when presented with the same message in Tshivenda, *Ni nga si nkombetshedze u didzhenisa zwa kha vhudzekani*, remarked: '*If you forces [force] yourself, you*

*can get AIDS if not cared [you do not take care of yourself]*.' Another Tshivenda-speaking learner said: '*You have to promise your partner not to cheated [cheat] on him or her.*' Yet another learner said: '*No any message I get on [I am not receiving any message from] this advertisement*.'

The mean scores for *perceived comprehension* were comparatively high: 3.37 for messages in English and 3.22 for messages in the mother tongue, on a scale from 1 to 4. Also comparatively high were the mean scores for *appreciation*: 3.21 and 3.15, respectively. Some of the learners, when presented with messages in their mother tongue, said they liked them because, '*it wrote with [the message is written in] my mother's tongue*', '*[the] language that is used is familiar*', '*[the] language that they have used is the one that they use [is generally used] in our homes and everywhere*'.

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No main effect of *message language* was found, neither was there a main effect of the participants' *mother tongue*. One main effect of *medium* was found; *actual comprehension* was significantly higher ($F(1)=6.39$; $p=.01$; $\eta^2=0.11$) for posters ($M=0.67$; $SD=0.46$) than for radio advertisements ($M=0.41$; $SD=0.27$). Also one main effect of *interview language* was found; *perceived comprehension* was significantly higher ($F(1)=4.24$ $p=.02$; $\eta^2=0.14$) for participants who were interviewed in their mother tongue ($M=3.46$; $SD=0.53$) than for participants who were interviewed in English ($M=3.10$; $SD=0.61$). Learners who were interviewed in their mother tongues apparently thought that they understood the messages better than the learners who were interviewed in English. No other main effects were found of *medium* or *interview language*. No interaction effects of any combination of independent variables were found.

Correlations were calculated between *appreciation*, *perceived comprehension* and *actual comprehension* (RQ4); see Table 3.

**Table 3: Correlations between actual comprehension, perceived comprehension and appreciation**

| | Appreciation | Perceived comprehension | Actual comprehension |
|---|---|---|---|
| **Appreciation** | 1 | r= .30 (p= .02) | r=.08 (ns) |
| **Perceived comprehension** | | 1 | r=.12 (ns) |
| **Actual comprehension** | | | 1 |

Table 3 shows a statistically significant, positive correlation ($r=.30$; $p<.05$) between *perceived comprehension* and *appreciation*; the better learners thought they understood the messages, the more they liked them. No other significant correlations were found.

## CONCLUSIONS

In this study, no support was found for the assumption that HIV and AIDS messages presented in African languages would be better received than messages presented in English. Among the young South Africans with an African language (Tshivenda or Sepedi) as their mother tongue who were interviewed in this study, no significant differences were found in *appreciation* of versions of the messages in their mother tongue compared to versions of the same messages in English. There were also no significant differences in *perceived comprehension* or in *actual comprehension* when comparing the versions in English with the versions in the African languages. Apparently, the mere translation of English health messages into messages in the mother tongue of the target group does not ensure a higher appreciation or better understanding of those messages. Both when the learners were presented with loveLife messages in English and in their mother tongue, their average comprehension was so limited that perhaps it should be concluded that in this group the level of literacy in any language often is too low to be able to understand this kind of message.

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There was no statistical effect of the participants' mother tongue, nor any interaction effects of mother tongue and another variable, indicating that the same conclusions may be drawn from this experiment for Sepedi learners as for Tshivenda learners. Furthermore, there were no interaction effects of interview language and message language; therefore a possible influence of congruency between the languages used in the HIV and AIDS messages and the language used in the interview could not be established. There proved to be a main effect, however, of interview language on *perceived comprehension*. When the interviews were carried out in the participants' mother tongue, *perceived* comprehension of the messages was significantly higher than when the interviews were done in English. No effects of the language of the interviews on *actual comprehension* or on *appreciation* were found. All in all, these outcomes do not motivate the advice to use, or not to use, a specific language when doing research into the effects of South African health education messages.

The medium of presentation proved to have an effect on *actual comprehension*. When the messages were presented on posters, actual comprehension was significantly higher than when they were presented in radio advertisements. No other effects of medium of presentation were found. There also were no interaction effects of medium and message language. Apparently, there is no reason to choose one language when creating an HIV and AIDS poster and another language when creating an HIV and AIDS radio advertisement.

A considerable gap was found between *perceived comprehension* and *actual comprehension*. As was the case in Lubinga et al. (2010) and in Jansen and Janssen (2010), participants in the present study overestimated their level of understanding.

The correlations that were found between *actual comprehension*, *perceived comprehension* and *appreciation* corroborate the findings reported in Lubinga et al. (2010) and in Jansen and Janssen (2010). The better young South Africans *think* they understand posters and radio advertisements,

the greater the chance that they like them. In future studies these relationships may be explored in more detail.

An obvious limitation of this study is that it specifically focused on young African learners in a rural province. To what extent its findings also apply to other South Africans from different age groups and with different cultural and educational backgrounds, living in rural, semi-urban or urban regions, is a question that is open for new research. Furthermore, it should be acknowledged that there is more to HIV and AIDS communication language policy than only the choice of language. In both English and African languages, the way the language is used (standard or slang, directly without any euphemisms or indirectly with terms that are considered culturally appropriate, avoiding painful prejudice or plainly stigmatising) can have a great influence on the effectiveness of HIV and AIDS education (cf. Baxen & Breidlid 2009; Bwanali 2008; Saal 2009).

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## IMPLICATIONS FOR PRACTICE

General advice which can be offered based on the main findings of this study is that, before the decision is made to produce and distribute health messages in various languages, pre-tests should be carried out among anticipated target groups, with the aim of determining the possible effects of the different language versions. It may well turn out that translating health messages does not necessarily contribute to reaching the goals of a campaign, and that time and money may be better spent on other means of improving the efficacy of such a campaign.

## ACKNOWLEDGEMENTS

This study was part of the HACALARA project, carried out in the Province of Limpopo by researchers from South Africa and the Netherlands (see www.hacalara.org). The project was supported by SANPAD (see www.sanpad.org.za). The authors thank their colleagues Prof. Dr. Leon de Stadler, Prof. Dr. Hans Hoeken, Dr. Jos Hornikx, Dr. Lettica Hustinx, Prof. Dr. Fons Maes, and the anonymous reviewers of an earlier version of this article for their insightful comments, as well as Prof. Richard Madadzhe and Dr. Sekgaila Chokoe for their advice and assistance.

## ENDNOTES

1 The second part of the title is written in Sepedi (Northern Sotho). In English it translates into: 'But do they know?'

2 The knowledge test (also referred to in Jansen & Janssen 2010 and in Lubinga et al. 2010) consisted of two parts. In the first part participants were asked two yes/no questions about HIV prevention: 'To prevent HIV infection, a condom must be used for every round of sex' and 'One can reduce the risk of HIV by having fewer sexual partners'. In the second part the participants were presented with four yes/no questions about myths and misconceptions related to AIDS: 'There is a cure for AIDS', 'AIDS is caused by witchcraft', 'HIV causes AIDS' and 'AIDS is cured by sex with a virgin.' Participants were considered to have passed the test if they either answered the two questions in the first part correctly or the four questions in part B, or both (Shisana et al. 2009: 51).

3 During the *HIV-Face it* campaign, loveLife produced radio advertisements in both Tshivenda and Sepedi, and posters in the two languages, however, posters in the two languages on the selected themes could not be found. Hence it was decided to create the slogans on the Sepedi and Tshivenda posters by translating the slogans on the English posters. Likewise, two out of four radio advertisements were *not* available from loveLife in Sepedi and Tshivenda, they were re-created by translating the original English version of the messages.

4 Not all groups were of the same size because of a decision that was taken to exclude data from four participants from an original sample of 64 because their mother tongue was not Sepedi or Tshivenda.

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## APPENDIX 1

The literal texts of radio advertisements and posters and message ingredients, as identified by the main researcher and approved by loveLife (**texts in posters in bold**), and scoring scheme (2 points

for a correct answer; 1 point for a partially correct answer; 0 points for an incorrect answer, for an unanswered question or for an answer that was no more than a literal repetition of (a part of) the message).

| Message number | Literal text of message (F = female voice; M = male voice) | Message ingredients and scoring scheme |
|---|---|---|
| 1 | (F) I've heard it all before. Having sex will make the bond between us stronger. It will show just how much you love me. If you don't, he'll leave you for another girl, he'll leave you for another girl, another girl. **You can't pressure me into sex** [BILLBOARD]. (M) HIV, face it. Brought to you by loveLife and SABC | People say that you have to have sex because<br>- sex tightens the relationship bond, and/or<br>- sex proves that you love your partner, and/or<br>- sex is necessary to prevent your partner from leaving you (1 point).<br>But in reality: **You should resist the pressure from others and only have sex if you really want to do it** (2 points for posters). (1 point). |
| 2 | (F1) I've heard it all before. I don't really want to commit now. (F2) I think I am too young for a serious relationship. (F1) I can't imagine myself with just one person. **If it's not just me, you are not for me** [BILLBOARD]. (M) HIV, face it. Brought to you by loveLife and SABC. | Young people say they do not want to commit to serious, single partner relationships because<br>- they are too young for serious relationships;<br>- they'd rather engage in relationships with multiple partners (1).<br>But in reality: **If your partner does not want to engage in a single relationship with you, then they are not the right person for you** (2 points for poster) (1). |
| 3 | (F1) I've heard it all before. I've only slept with one person so I can't be. (F2) Why are you worried, don't you believe me? Look at me. Do you really think I am positive? It is **No, 'til we know** [BILLBOARD]. (F1) HIV, face it. (M) Brought to you by loveLife and SABC | People say that you should trust the other because<br>- he/she tells you that you are the only one, and/or<br>- he/she looks healthy (1 point). But in reality: **Don't believe what anyone says, but say no until you know each others' HIV-status** (2 points for posters) (1 point). |
| 4 | (F1) I've heard it all before. I've only slept with one person so I can't be. (F2) Why are you worried, don't you believe me? Look at me. Do you really think I am positive? **Prove your love, protect me** [BILLBOARD]. (F1) HIV, face it. (M) Brought to you by loveLife and SABC | Some say it is expected that you prove your love to your partner by sleeping with him/her (1 point). But in reality: one proves their love by protecting their partner (2 points for posters) (1 point). |

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